SOCIAL DETERMINANTS OF HEALTH

HCP A program for children & youth
with special health care needs

Last Name: First Name: Date of Birth:

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1. Hispanic Ethnicity [of child/youth]:
   - ❑ Yes
   - ❑ No
   - ❑ Don't Know/Not Sure
   - ❑ Refused

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2. Single parent household:
   - ❑ Yes
   - ❑ No
   - ❑ Refused

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3. Number of persons in [child/youth]'s household: (Used to determine % FPL)
   # _____
   - ❑ Refused

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4. Annual income in [child/youth]'s household: (Used to determine % FPL)
   $ _____
   - ❑ Don't Know/Not Sure
   - ❑ Refused

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5. Highest education level in [child/youth]'s household:
   - ❑ 8th Grade or Less
   - ❑ Some High School
   - ❑ High School Graduate
   - ❑ Some College
   - ❑ College Graduate
   - ❑ Refused

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6. Age range of biological mother [at child's birth]:
   - ❑ 16 years or younger
   - ❑ 17 years or older
   - ❑ Don't Know/Not Sure
   - ❑ Refused

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7. Race [of child/youth]. Select all that apply:
   - ❑ White
   - ❑ Black or African American
   - ❑ Asian
   - ❑ American Indian or Alaska Native
   - ❑ Native Hawaiian or Other Pacific Islander
   - ❑ Don't Know/Not Sure
   - ❑ Refused